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|---|------------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD | Application or Docket Number |
| | 514162000120 |

**CLAIMS AS FILED - PART I
CONTINUATION-IN-PART APPLICATION
of Serial No. 09/961,563 F: 9/21/2001**

of Serial No. 09/961,563 F: 9/21/2001

| FOR | NUMBER FILED | NUMBER EXTRA | RATE | Fee | RATE | Fee | | |
|--|------------------|--------------|-----------|-----------------|-----------------|-----------------|--------------|------------|
| BASIC FEE (37 CFR 1.16(a)) | | | | \$370.00 | OR | \$710.00 | | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | 20 minus 20 = | -0- | x \$9.00 | \$-0- | OR | \$18.00 \$* | | |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | 2 minus 3 = | -0- | x \$42.00 | \$ -0- | OR | \$84.00 \$* | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | | +\$140.00 | \$ -0- | OR | \$280.00 \$* | | |
| | | | | TOTAL | \$370.00 | OR | TOTAL | \$* |

*If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

| | | (Column 1) | (Column 2) | (Column 3) | | |
|--------------------|--|------------|---|--------------------|-----------|------------------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE |
| | Total (37 CFR 1.16(c)) | Minus | | =* | x\$9.00 | \$* |
| | Independent (37 CFR 1.16(b)) | Minus | | =* | x\$40.00 | \$* |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | (37 CFR 1.16(d)) | | +\$135.00 | \$* |
| | | | | TOTAL ADDT. FEE | \$* | |
| OR | | \$18.00 | | | \$18.00 | \$* |
| OR | | \$80.00 | | | \$80.00 | \$* |
| OR | | +\$270.00 | | | +\$270.00 | \$* |
| TOTAL ADDT. FEE | | | | TOTAL ADDT. FEE | \$* | |
| OR | | | | | | |

| (Column 1) | | (Column 2) | | (Column 3) | | | | |
|-------------|--|------------|---|------------------|--------------------|------------------------|--------------------|------------------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| | Total (37 CFR 1.16(c)) | Minus | | =* | x\$9.00 | \$* | \$18.00 | \$* |
| | Independent (37 CFR 1.16(b)) | Minus | | =* | x\$40.00 | \$* | \$80.00 | \$* |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | (37 CFR 1.16(d)) | | +\$135.00 | \$* | +\$270.00 | \$* |
| | | | TOTAL ADDT. FEE | | TOTAL ADDT. FEE | \$* | TOTAL ADDT. FEE | \$* |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" in column 3. IN THIS SPACE is less than 20, enter "20" in column 3.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual.

Burden Hours Statement: This form is estimated to take approximately 10 minutes to complete. Time will vary depending on the complexity of the information provided.